

WASHINGTON SPECIAL FUEL IMPORTER TAX RETURN

SI

Fuel Tax Section PO Box 9048 Olympia WA 98507-9048 (360) 664-1852

A.	REPORTING PERIOD Year: Month:		FOR VALIDATION ONL	Y 108-030-116-			
В.	☐ No Operations this period ☐ Amended Return ☐ Late Return	☐ Name Change ☐ Address Change	VALIDATED POSTMAR	DV DATE			
C.							
			D. Can	cel license			
			Effective Date _				
		A	Account #	count #			
1	Total fuel received (total from Schedule A on reverse)		1				
2	Tax exempt gallons (total from Schedule B on reverse)		2				
3	Taxable gallons (line 1 - line 2)		3				
4	Washington power take-off/power pumping credit gallons *		4				
5	Net Taxable gallons (line 3 - line 4)		5				
6	Special fuel tax (line 5 x tax rate)	6					
7	Penalty after 25th of month (line 6 x 10%)	7					
8	Sum of line 6 + line 7	8					
9	Interest (line 8 x 1%)	9					
10	Total fuel tax liability (line 8 + line 9)		10				
11	Previous payments (Amended returns only)		11				
12	If total of lines 10 - 11 is greater than zero, amount owed		12				
13	If total of lines 10 - 11 is less than zero, net refund amount		13	()			
			EFT payment				
	PLEASE RETAIN A COPY OF THIS TAX RETURN FOR	YOUR RECORDS					
SIGNATURE REQUIRED I certify under penalty of perjury that this return is true, correct and complete to the best of my knowledge.							
	nature Titl	•	, 0				
Prin	t Name Da	te	_ Phone ()				

Phone (

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SCHEDULE A - FUEL RECEIVED

A1 Imported fuel received *	A1	
A2 Other ** (explain)	A2	
Total fuel received (line A1 through A2)		

SCHEDULE B-TAX EXEMPT GALLONS

B1	Sales to Washington licensed suppliers *	B1	
B2	Export sales by importer *	B2	
ВЗ	Sales to exempt public agencies/offices *	В3	
В4	Sales to foreign governments *	B4	
B5	Sales to Distributors/IFTA carriers with authorization *	B5	
В6	Investigated damage losses	B6	
В7	Washington off-highway gallons	B7	
В8	Other ** (explain)	B8	
Total Exempt gallons (sum of lines B1 through B8)			

SCHEDULE C - DYED DIESEL SALES

Dyed Diesel sales in Washington only	1
Dyed Diesel sales in Washington only	1
,	1

^{*} Support schedule required

^{**}One support schedule for each category required